

City of St. Charles, Missouri AUTHORIZATION FOR AUTOMATIC UTILITY BILL* PAYMENT

(PLEASE INCLUDE A VOIDED CHECK)

* Water / Sewer payments only

Today's Date	
Print Name:	(as it appears on your water / sewer bill)
Address:	
Water / Sewer Billing Account Number:	(as shown on your bill)
Daytime Contact Phone Number:	
☐ New Authorization	☐ Information Change
I authorize The City of St. Charles and the financial institution water / sewer bill from the account identified above. I understardate of each bill, or the next business day if the due date is on a as if it were personally signed and authorized by me. As with account at the time of transfer. If a draft is returned to the City of account. This authority is to remain in effect until the City of St termination a minimum of thirty days prior to a scheduled due terminate this payment plan or participation therein.	nd my automatic payment will be deducted on the due weekend or holiday. Each payment shall be the same a check, sufficient funds need to be available in my inpaid, a \$20 administration fee will be applied to your at Charles has received written notification from me of
I will provide a minimum of thirty days written notice to the City account, such as changes of financial institution, account number	
Processing of this application will require 3-5 weeks. Continue appears next to the total due amount stating "Your bank accoun the next billing statement and on the statement from your financall the City at (636) 949-3212, just as you would if you were mail	t will be drafted for". Your payment will be shown on cial institution. If you note a discrepancy on your bill,
Type of Account: Checking	Savings
Financial Institution Routing Transit Number/ABA#:	
Financial Institution Account Number to be Charged:	
I understand and agree, as per my selection, to the terms of this letter and application.	
Signature Required:(Must be an authorized signer on account listed)	Date:
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